

Distribution:
White - Original
Green - Employee
Yellow - Doctor
Pink - Employer
Golden - Insurance Carrier

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

PROVIDENCE, SC.

WORKERS' COMPENSATION COURT
J. Joseph Garrahy Judicial Complex
One Dorrance Plaza
Providence, RI 02903-3973

Name of Employee

W.C.C. No.

Social Security Number

Insurance Carrier

-vs.-

Name of Employer

Address

Address

REQUEST FOR PERMISSION FOR MAJOR SURGERY

The Employee sustained an injury on _____ Date

The Employer (has)-(has not) been found liable therefor under terms of the Workers' Compensation Act. (If applicable, attach a copy of any agreement or decree establishing liability).

Major surgery is necessary forthwith to cure, rehabilitate or relieve the employee from the effects of such injury (Attach the original statement to this effect signed by the surgeon who will perform the surgery).

Said surgery is: _____ specify type of surgery

If permission is granted, employee desires such surgery and will undergo same within _____ days.

Permission has been requested from the employer or insurance carrier and has not been received. (Attach copy of such request).

Wherefore employee requests an ex-parte order granting permission for such surgery.

Name, address and bar registration number of
Attorney for Employee

Name of injured Employee

Address

Address

EX-PARTE ORDER

Permission for the performance of the above described major surgery by Dr _____ is hereby granted provided such surgery is performed by said surgeon within _____ days from the date hereof.

No liability of any kind is imposed upon the employer by this order.

A copy of this order shall be mailed forthwith by the Administrator of this Court, by ordinary mail, postage prepaid to said employer with a copy to the insurance carrier, if known.

Dated this _____ day of _____ 19 _____

ENTER:

Per Order:

Judge

Administrator

Instructions

Prepare original and four copies; File original and all copies with a Judge for entry of the ex-parte order.
1. Employee. 2. Doctor. 3. Employer. 4. Insurance Carrier. Attach a letter from the surgeon and a copy of any agreement or decree concerning compensation, if any.